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ABSTRACT

This study attempts to measure the attitudes of Air Force personnel toward counseling, the willingness of Air Force personnel to seek counseling for personal problems, and the relationships which exist between selected variables and attitude-counseling willingness. The variables examined were technical versus non-technical occupations, length of time served in the Air Force, career versus non-career status, military rank, and counseling agency preferences. The subjects of the study were 545 military officers and enlisted personnel assigned to Minot Air Force Base, North Dakota. Questionnaires were administered to individuals attending mandatory race relations and drug abuse seminars conducted by social actions staff, and 355 participants in the chaplin's portion of a mandatory orientation for newly arrived personnel. Significant correlations were obtained for the relationships between the selected variables and attitude-counseling willingness. These findings are described in detail, and their implications are discussed. (SJL)

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ATTITUDES TOWARD COUNSELING AND COUNSELING WILLINGNESS OF AIR FORCE PERSONNEL

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A Research Paper

Presented to

the Faculty of the Graduate School

North Dakota State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Gilbert Ward Beeson, Jr.

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This Research Paper

for the Master of Science Degree

by

Gilbert Ward Beeson, Jr.

has been approved for the

Department of Education of

North Dakota State University

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date

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Chapter 1

INTRODUCTION

Counseling is a service provided by a variety of military agencies for the members of the Air Force. It is encouraged throughout the structure of the military organization as a means of providing positive interpersonal relationships and exchange of information. Virtually every Air Force agency provides some form of counseling. Commanders and supervisors are required to counsel regularly with the people who work for them, and such agencies as Educational Services, Staff Judge Advocate, and Personnel counsel with individuals desiring information and assistance falling within the domain of the appropriate agency. In addition to the broad, exchange-of-information type of counseling, there are three Air Force agencies which provide the personal, introspective, problem solving approach usually associated with professional counseling. The agencies are Mental Health Clinic, Chaplains, and Social Actions.

The Mental Health Clinic functions like a community mental health center. Usually staffed by a psychiatrist and several psychiatric social workers, it works within a medical setting to provide both therapy for clients and psychological evaluations of individuals for military authorities. Unlike civilian agencies, however, Mental Health Clinics rarely provide long-term therapy for Air Force members. Persons who are diagnosed as psychotic or suffering from personality dis-

orders which preclude their functioning adequately within the Air Force are usually discharged. There appears to be a trend toward the providing of more extended therapy by mental health counselors and some military referral centers for seriously disturbed patients do exist, but the extent to which such services are utilized is largely dependent upon local policy.

Air Force chaplains are clergymen serving in the military under the sponsorship of various religious bodies. They are organized within the military setting as a single unit, and the chaplains on each base function as an agency. Although performing a wide range of religious duties, chaplains engage in a substantially greater amount of counseling than their civilian counterparts. They accept referrals regarding both religious and nonreligious problems, and many chaplains have extended training in counseling techniques beyond that of the average clergyman. Because the Air Force recognizes privileged communications between chaplain and counselee, a great deal of the counseling provided by chaplains tends to be confessional in nature. The chaplain is often utilized by military authorities as an evaluator when decisions concerning clemency and humanitarian actions are required.

Social Actions is a relatively new agency within the Air Force structure, and it is designed to deal with a wide range of social problems frequently encountered in the military community. In addition to counseling, the social actions staff sponsor a variety of activities aimed at preventing escalation of social problems. Such projects include courses employing group dynamics techniques which deal with race relations and drug abuse, crisis counseling telephone services, and alcohol and drug abuse rehabilitation programs. Unlike the two pre-

viously described agencies, the social actions staff are not professionally trained counselors. Social actions personnel are volunteers who are carefully screened and highly motivated in their work, and often they have experience and training in a specific social problem area. Short-term counseling with referrals to other agencies, civilian and military, is the counseling approach frequently used by social actions counselors.

The attitudes of Air Force personnel toward counseling affect the extent that counseling is utilized as a service, and they contribute to the effectiveness or noneffectiveness of the counseling that takes place. One cannot isolate attitudes toward counseling as performed by a specific agency from a general attitude toward counseling on the part of an Air Force member, and the member's response to an instrument of attitude measurement will be colored by his military and nonmilitary experiences with various types of counseling. One can, however, bring to bear the attitudes expressed on the expectations held toward counseling and counselors of a specific agency.

PURPOSE OF THE STUDY

The purpose of this study was to measure the attitudes of Air Force personnel toward counseling, the willingness of Air Force personnel to seek counseling for personal problems, and the relationships which existed between attitude-counseling willingness and possible significant variables. The variables examined were technical versus nontechnical occupations, length of time served in the Air Force, career versus noncareer status, military rank, and counseling agency preferences.

HYPOTHESES

The following hypotheses were tested:

1. No significant correlation exists between attitudes of Air Force personnel toward counseling and time in service.

2. No significant difference exists between the attitudes toward counseling of Air Force personnel in people oriented occupations and Air Force personnel in technically oriented occupations.

3. Fifty percent of Air Force personnel are willing to seek professional counseling for (a) marital problems, (b) personality problems, (c) career problems, (d) problems with alcohol, and (e) problems with military stress.

4. No significant correlation exists between attitudes of Air Force personnel toward counseling and willingness of Air Force personnel to seek professional counseling for personal problems.

RESEARCH QUESTIONS

In addition to the hypotheses tested, this study considered the following research questions:

1. Does a significant relationship exist between military rank and attitude-counseling willingness?

2. What are the types of problems for which career and non-career Air Force members express willingness to seek professional counseling?

3. What are the preferences for counseling help expressed by Air Force members?

NEED FOR THE STUDY

There are several important environmental factors unique to the military setting which may affect the attitudes of personnel toward counseling and alter the degree of counseling willingness from that found in a nonmilitary environment. A search of published literature in the field revealed that little research in the area of military counseling had been done. Consequently this study was needed to inform counselors working in military counseling agencies of the attitude-counseling willingness of the population from which military clients are drawn and to inform the total counseling field of attitude-counseling willingness variances on the part of military personnel from that of the total population.

MILITARY ENVIRONMENTAL FACTORS

The most significant military environmental factor is the highly structured authority system to which both counselor and client are subject. Each military installation exists for a single purpose--the support of the weapon systems utilized by the Air Force for national defense. Every activity, including the operation of counseling agencies, is responsible directly or indirectly for accomplishing the mission of the base, and an explicit chain of command culminating in the person of the installation commander holds each agency and individual accountable for his actions.

Closely related to the military authority system is the practice of utilizing military counseling agencies as psychological evaluators. With the exception of chaplains, privileged communications between

client and counselor are not recognized and agencies are expected to co-operate with commanders in assessing individuals for retention or discharge from the Air Force, removal from sensitive work situations, and the like. Distrust of counselors and counseling agencies may be the product of such a policy. One former Army psychiatrist stated:

> The psychiatrist in the military is presently torn between duty to the organization and duty to his patients. In order to function as a "good" military psychiatrist, one must accept that he is there not to help individuals who are in distress, but rather to keep as many men as possible working to achieve the military's goals.[1]

Air Force members lack control over many personal and environmental circumstances. Unlike his civilian counterpart, the Air Force member cannot quit his job, move to a different place, or even alter the persons with whom he must deal on a daily basis. He has a legal commitment, enforced by a strong military police and judicial system, to serve for a specific period of time. He must live and work under conditions which are prescribed for him. Often no environmental options are available to an Air Force member with a personal problem, and his only alternative is to make an internal adjustment in his manner of coping with the problem.

A military factor that might be conducive to counseling is the isolation of the Air Force member from the immediate presence of significant others. Familiar surroundings, long-time friends, and family members other than the spouse and children of married personnel, are not readily available for support and advice.

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[1]M. N. Schwartz, "Military Psychiatry--Theory and Practice in Noncombat Areas: The Role Conflicts of the Psychiatrist," Comprehensive Psychiatry, 12, No. 6 (Nov., 1961), 524.

DEFINITION OF TERMS

Counseling

Personal interactions which deal with problems requiring introspection and decisions on the part of the client, and which utilize the services of a counselor trained to facilitate such interactions constitute counseling. Exchange of information, expressions of concern, and the like, are not regarded as counseling in this study.

Military Counselor

One who has specific training in counseling skills and who traditionally engages in counseling as a function of his military occupation is considered a military counselor. The principal military counselors recognized by this study are mental health counselors, chaplains, and social actions counselors. Although social actions personnel lack formal college preparation for counseling, they engage in counseling activity so regularly in their job function that they soon acquire counseling skills.

Chapter 2

REVIEW OF LITERATURE

Studies of attitudes toward counseling within the military setting were noticeably lacking in professional literature. Apparently little research has been done in the area, or else professional journals have been reluctant to publish the findings of such studies. Counseling in colleges and public schools has received much attention in research and this writer was forced to turn to such studies for information concerning attitudes toward counseling. Most of the studies have dealt with attitudes of students participating in counseling rather than the attitudes of the general student population toward counseling. The majority of studies presently reviewed were conducted by various counseling centers and services to determine their effectiveness among students in the institutions they served.

REVIEW OF PREVIOUS RESEARCH

Students have demonstrated a strong reluctance to consult a counselor for help with personal problems. Betz discovered that less than 25 percent of the students in the secondary schools of Kalamazoo, Michigan, saw the counselor as one who helps with personal problems.[2]

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[2]R. Betz, Counselor Image in the Secondary Schools of Kalamazoo, Michigan, U. S., Educational Resources Information Center, ERIC Document ED 044 728, 1970, p. 13.

Tallon found that 20.64 percent of the students at Niagara College would go to a counselor as the first course of action when seeking assistance with a personal problem.[3] Summarizing a survey of student attitudes toward counseling at Northern Illinois University, Mattison and Starkey reported that "in spite of most groups' favorable attitudes toward their counselor in regard to personal counseling, no group would go to him with a personal problem, but all groups would rather talk to someone else."[4] Hamann reported that at Wisconsin State University "even though students viewed counselors as the most able to help, they typically do not turn to them when assistance is needed."[5]

When students were asked for their expectations of counseling center functions they usually assigned high priorities to educational and vocational matters and relatively low importance to personal problems and concerns. Students at Southern Illinois University indicated to Snyder that they would consult faculty and counseling services first for vocational and educational problems, but never for personal and social problems.[6] Hamann found that both students and faculty expected the counseling center to provide traditional personal, vocational, and

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[3]B. R. Tallon, An Evaluation of the Counseling Services at a Canadian Community College, U. S., Educational Resources Information Center, ERIC Document ED 085 053, 1973, p. 34.

[4]M. A. Mattison and J. D. Starkey, A Study of the Attitudes of Students toward Their Counselors, U. S., Educational Resources Information Center, ERIC Document ED 065 795, 1970, p. 9.

[5]J. B. Hamann, Desired Counseling Center Functions As Perceived by Faculty and Students, U. S., Educational Resources Information Center, ERIC Document ED 053 429, 1970, p. 14.

[6]J. F. Snyder, Why Some Students Do Not Use University Counseling Facilities, U. S., Educational Resources Information Center, ERIC Document ED 052 503, 1969, p. 6.

educational counseling, but few expected it to provide personal growth and development counseling.[7] The response of 969 college students to a query by Tallon for the principal reason thought to prompt student use of the counseling center is reported in Table 1.[8]

Table 1. Most Likely Reason Thought by Niagara College Students to Prompt Use of the Counseling Center

Reason	Response Percentage
Educational Concern	59.22
Vocational Concern	19.36
Unknown	9.38
Personal Adjustment	9.37
Growth Concern	4.67

Several studies have been conducted to determine why students do not utilize counseling services. McKenzie surveyed 216 students in a Canadian high school who had elected not to see a school counselor and found the results given in Table 2.[9] Although 91 percent indicated that they had no reason to see a school counselor, no distinct pattern of thought or circumstances leading to such a conclusion by the students was apparent in the response. Black students at an urban junior college

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[7]Hamann, p. 4. [8]Tallon, p. 25.

[9]W. G. McKenzie, A Comparative Study of Students' Preference for Compulsory Counseling or Self-Referral (Volunteer) Counseling in Hillcrest High School, Port Arthur, Ontario, Canada, Following Two Experiamental Years of Self-Referral Counseling (September, 1967 to June, 1969, U. S., Educational Resources Information Center, ERIC Document ED 058 584, 1969, p. 41.

in California felt that the counseling services provided were not relevant to their needs.[10] Gustafson and Pennscott questioned students who had initiated and then terminated counseling, finding the principal reason for termination to be the feeling that the problem was beyond the scope of the counselor.[11] Students reported to Sensor that they did not want to discuss family, personal-social, and emotional problems with a counselor.[12] Snyder found that even though students had commonly experienced depression, anxiety over a change of college major, and concern for the future, most were undecided as to whether or not such problems warranted counseling.[13] Such diverse findings suggested that no clear picture had yet developed as to why students do not utilize counseling services.

When students were asked to indicate those persons they would consult for help with personal problems, the counselor was usually ranked very low. The order of preference compiled by Hamann was as follows: Friend, Parent, Roommate, Faculty, Resident Assistant, Resident Hall Director, Counselor, and Minister.[14] The same Canadian high school students cited in Table 1 indicated that they did get help for personal problems from the following sources: Parents (42 percent),

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[10]R. D. Brown, D. H. Frey, and S. E. Crapo, "Attitudes of Black Junior College Students toward Counseling Services," Journal of College Student Personnel, 13, No. 5 (Sept., 1972), 420-25.

[11]J. A. Gustafson and W. W. Pennscott, Evaluation of the Counseling Experience by Terminated Clients, U. S., Educational Resources Information Center, ERIC Document ED 039 588, 1969, p. 5.

[12]P. Sensor, Analysis of Student Reactions to Counseling, U. S., Educational Resources Information Center, ERIC Document ED 014 287, 1962, p. 7.

[13]Snyder, p. 6. [14]Hamann, p. 13.

School Friends (38 percent), Teachers (17 percent), and Clergy (3 percent).[15] College students reported to Tallon that their first course of action when seeking help would be as follows: Friend (40.67 percent), Do Nothing (28.61 percent), Counselor (20.64 percent), Instructor (7.91 percent), and Family Doctor (2.17 percent).[16]

Table 2. Reasons Cited by 216 Students at Hillcrest High School, Port Arthur, Ontario, Canada, for Not Consulting a Counselor

Reason	Response Percentage
No Reason to See a Counselor	91
Solved Problems on My Own	59
Problems Too Small	25
Hesitant to Talk to a Stranger	24
Counselor Could Not Help	24
Previous Counseling Did Not Help	15
Still Have Problems	14
Ashamed	6
Did Not Realize I Could Get Help from a Counselor	6

Dank and Oetting conducted a helpful study when they asked Colorado State University students as freshmen and again as sophomores to indicate the persons to whom they would turn for help with personal problems. Table 3 contains the student response.[17] The most striking

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[15]McKenzie, p. 41. [16]Tallon, p. 34.

[17]L. J. Dank and E. R. Oetting, "Change in College Student Attitudes toward Sources of Assistance for Problems," Journal of College Student Personnel, 8, No. 5 (Sept., 1967), 315-17.

difference was the substantial increase in independence on the part of the students, and the decrease in willingness to consult with university officials.

Table 3. Preferred Sources of Assistance with Personal Problems Expressed by Colorado State University Students When Surveyed As Freshmen and Again As Sophomores

Source of Assistance	Freshmen Percentage Response	Sophomores Percentage Response
Dean of Men or Women	18	5
Faculty Advisor	19	11
Head Resident	6	11
Student Assistant	29	12
Counseling Center	16	19
Parent	79	73
Friend	62	75
Minister	27	29
Instructor	5	6
No One	14	28

With few exceptions the studies cited commented on the favorable attitu[illegible]expressed toward counseling while indicating the reluctance of studen[illegible]s to see a counselor. Perhaps Hamann summarized it best when he stated that most students "saw personal counseling as their friend's need, not their own."[18]

[18]Hamann, p. 9.

PERTINENT OPINION

Schwartz felt that the military psychiatrist was committed to the institution rather than to his clients, and that such a departure from the basic orientation of the psychiatrist's role led to ineffective counseling.[19] Nicholson and his associates objected to the military use of psychiatric evaluations as the primary basis for general discharges of ineffective personnel, citing a dramatic rise in such discharges in spite of reduction of total force strength. They pointed out that the psychiatrist actually functioned as a judge, and that his diagnoses were usually vague and lacking in extensive preliminary investigation. "In our opinion, this practice represents a major misuse of psychiatric expertise and an ethical dilemma for psychiatry."[20] Similar questions concerning the functioning of professional counselors were raised by Dilley when he charged that counselors were too tied to existing social institutions and vested interests to provide real help for their clients.[21]

SUMMARY

High school and college students have demonstrated a strong reluctance to seek out counseling services for personal problems, and

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[19]M. N. Schwartz, "Military Psychiatry--Theory and Practice in Noncombat Areas: The Role Conflicts of the Psychiatrist," Comprehensive Psychiatry, 12, No. 6 (Nov., 1961), 520.

[20]P. T. Nicholson, S. M. Mirin, and A. F. Schatzberg, "Ineffective Military Personnel, II: An Ethical Dilemma for Psychiatry," Archives of General Psychiatry, 30 (March, 1974), p. 409.

[21]J. S. Dilley, "Anti-Shrinkthink," Personnel and Guidance Journal, 50, No. 7 (March, 1972), 567-72.

usually 25 percent or less of the students surveyed indicated their willingness to do so. No specific reason or set of reasons has emerged as the primary cause of resistance to counseling for personal problems. When students were asked to list those persons whose help they would seek when facing a personal problem, there was a strong inclination to turn first to those people they knew best and who were closest to them. Usually the help of a professional counselor was a last resort.

Critics of military counseling suggested that the counselor was too closely tied to the military institution to function effectively. They implied that such factors as lack of privileged communications and the use of counselors as psychological evaluators would lead to a distrust of counselors by clients and ineffective counseling on the part of military counseling agencies.

Chapter 3

METHOD

The method utilized in obtaining and analyzing data for the present study is explained in this chapter under the headings of (1) description of subjects, (2) development of the instrument, (3) description of the instrument, (4) administration of the instrument, and (5) treatment of the data.

DESCRIPTION OF SUBJECTS

The subjects of this study were 545 military officers and enlisted personnel assigned to Minot Air Force Base, North Dakota, between 14 January 1975 and 5 March 1975. Survey forms were administered to 190 individuals attending mandatory race relations and drug abuse seminars conducted by the social actions staff, and 355 participants in the chaplains' portion of a mandatory orientation for newly arrived personnel. Military force strength at Minot Air Force Base typically averages 6400 persons, and the present sample represented approximately 8.5 percent of the total base military population.

Military ranks were divided into six groups for the purpose of this study, each group reflecting a logical career sequence and comparable level of job responsibility. Percentages of group members who participated in the study are compared to the rank spread of the base population in Table 4. Because a number of newly arrived personnel were

utilized as subjects a substantially higher number of Airmen and lower number of Airmen First Class are represented in the sample than in the base population. A rank change from Airman to Airman First Class often occurs a few months after arrival at the base. The total base population also includes a group of officers in the rank of Colonel and above, representing less than one percent of the population, who did not participate in the study.

Table 4. Percentage of Military Rank Groupings among Sample Subjects and Minot Air Force Base Population

Rank Groups		Percentage of Sample	Percentage of Base Population
Group 1:	Airman Basic Airman	32.29	11.05
Group 2:	Airman First Class Sergeant	36.51	45.34
Group 3:	Staff Sergeant Technical Sergeant	16.51	22.02
Group 4:	Master Sergeant Senior Master Sergeant Chief Master Sergeant	3.85	5.16
Group 5:	Second Lieutenant First Lieutenant Captain	9.36	13.67
Group 6:	Major Lieutenant Colonel	1.47	2.40

Respondents were also grouped as Noncareer Personnel (four years or less in the Air Force) and Career Personnel (four years one month or more in the Air Force) with the following results: Noncareer Personnel--379 subjects, Career Personnel--166 subjects. When divided

according to the technical or nontechnical nature of their work, 272 subjects held technical jobs, 245 subjects held nontechnical jobs, and 28 subjects did not distinguish between the technical and nontechnical nature of their work.

DEVELOPMENT OF THE INSTRUMENT

Data for the present study was gathered through the administration of a questionnaire. The uniqueness of the Air Force setting and the specific variables measured required the construction of an instrument especially suited to military language, counseling agencies, and problems.

Two scales were developed--one to measure attitudes toward counseling and one to measure willingness to seek counseling. Items for the Attitude Scale were taken from the responses to an open-ended questionnaire distributed to forty Air Force patients at John Moses USAF Regional Hospital, Minot, North Dakota. Each patient answered two of the following questions:

> Suppose you were faced with a serious personal problem and a friend suggested that you see a professional counselor. What would be your reaction?
>
> What is your opinion of the counseling services offered by military chaplains, mental health counselors, social actions counselors?
>
> Do you think that counseling would help or hinder a person faced with a serious personal problem? Why?
>
> How do you think your military career would be affected if you sought counseling for a personal problem?

Forty-six statements were selected from the questionnaire responses and assigned to one of the following factors related to

attitudes toward counseling: (1) confidence in counseling, (2) confidence in counselors, (3) preference to solve own problems, (4) stigma of counseling, and (5) trust in counselors. Each statement was provided with five possible responses--Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree--to form a Likert-type scale. The items were administered to eight subjects who were asked to respond as if they held very favorable attitudes toward counseling. Seven items were eliminated from further consideration when the response spread suggested that the items did not clearly distinguish between positive and negative attitudes toward counseling.

The remaining items were administered to 32 military personnel. The questionnaires were scored on a Likert-type scale with five possible responses, and high scores reflecting positive attitudes toward counseling. The eight highest scale scores and the eight lowest scale scores were selected for an item analysis procedure as recommended by Edwards.[22] Mean item scores from the highest and lowest groups were compared, item by item, using a t test to determine the extent of differentiation between high and low response to each item. The twenty items with the largest t values formed the Attitude Scale utilized in the present study. The selected items and their t values, grouped according to the factors previously listed, are reported in Appendix A of this paper.

The Counseling Willingness Scale consisted of five hypothetical problems representing broad areas of problems frequently brought to

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[22]A. L. Edwards, Techniques of Attitude Scale Construction (New York: Appleton-Century Crofts, 1957), pp. 152-53.

military counselors. The hypothetical problems were constructed by the writer after consultation with military mental health counselors, social actions counselors, and chaplains. The seven possible responses to each item were determined by the author in the same manner.

DESCRIPTION OF THE INSTRUMENT

The questionnaire utilized by this study consisted of three sections--Biographical Data, Attitude Scale, and Counseling Willingness Scale. Appendix B contains a copy of the instrument.

The Biographical Data section ascertained the length of time the subject had spent in the Air Force, the technical or nontechnical nature of his work, and his military rank.

The Attitude Scale consisted of twenty statements about counseling to which the subject responded in one of five possible ways--Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree. Nine items were positively worded and eleven items were negatively worded with reference to counseling. The total Attitude Scale consisted of the following subscales: (1) confidence in counseling--five items, (2) confidence in counselors--five items, (3) preference to solve own problems--three items, (4) stigma of counseling--three items, and (5) trust in counselors--four items.

The Counseling Willingness Scale consisted of five hypothetical problems representative of marital, career, personality, alcohol, and military stress (functioning under military discipline and requirements) concerns. Respondents were asked to indicate those persons with whom they would discuss their problems, and seven choices--friend, mental health counselor, commander, chaplain, family member, social actions

counselor, medical doctor--were provided for each problem. Subjects were free to indicate all or none of the choices listed. Instructions on completing the items utilized the phrase "talk about your problems" rather than the term "counseling" in order to avoid prejudicing responses in favor of professional counselors.

ADMINISTRATION OF THE INSTRUMENT

Approval to conduct the study was obtained from the office of the Chief of Staff, United States Air Force, and the Chief of Chaplains, United States Air Force. The survey was administered under USAF Survey Control Number 75-45.

Administration of survey forms at orientations for newcomers was accomplished by the writer, and social actions personnel administered the survey forms to personnel attending race relations and drug abuse seminars. Individuals completing the questionnaire were advised that the purpose of the survey was to help counseling agencies better understand how people felt about counseling, and brief instructions on filling out the forms were given. Individuals were assured that all responses would be anonymous. Approximately fifteen minutes at the beginning of each presentation were allowed for the completion of the questionnaire.

TREATMENT OF THE DATA

The Attitude Scale was scored by assigning a value of zero through four to each item response, higher scores indicating favorable attitudes toward counseling and lower scores indicating unfavorable attitudes toward counseling, and totalling the item scores. The minimum possible Attitude Scale score was zero and the maximum possible score

was eighty. Subscale scores consisted of the total scores of items assigned to a specific subscale. Attitude Scale and subscale scores were tabulated for each questionnaire. When subjects responded properly to all but one item on the Attitude Scale, a score of two was assigned to that item and the form was included in the study. Twenty-five such forms were included. Inappropriate responses (failure to make a choice or response to two or more choices) to more than one item on the Attitude Scale resulted in invalidation of the form. Twenty-nine forms were invalidated.

Counseling Willingness Scale scores were sums of weighted responses to the five hypothetical problems. Because mental health counselors were considered more professional among military counselors by virtue of their training and function, they were assigned a weight of two. Chaplains and social actions counselors were assigned weights of one, and weights of zero were given to all other choices. Thus the maximum possible score for each Counseling Willingness item was four and the minimum possible score zero, creating a possible range of zero to twenty for the total Counseling Willingness score. The higher scores indicated greater willingness to see a counselor, and the lower scores indicated less willingness.

Attitude Scale scores, Counseling Willingness scale scores, and length of service data were utilized for tests of correlation and the relationships expressed in terms of the Pearson product-moment correlation coefficient. Responses to individual problems of the Counseling Willingness Scale were utilized to conduct a chi-square test between expected and obtained frequencies. Attitude Scale scores of personnel in technical and nontechnical occupations were tested for

significant difference by a one way analysis of variance. Significant relationships between military rank and Attitude Scale scores, and between military rank and Counseling Willingness Scale scores, were also tested by a one way analysis of variance.

Chapter 4

FINDINGS

The previously reported hypotheses and research questions are restated in this chapter. Statistical treatments applied to each item are described and the results explained. The values of statistical scores were checked for significance by consulting appropriate tables in a standard research text.[23]

HYPOTHESES

1. No significant correlation exists between attitudes of Air Force personnel toward counseling and time in service.

The mean score and standard deviation for all subjects on the Attitude Scale were computed. The length of time each subject had served in the Air Force was converted into months and a mean and standard deviation determined. Results are reported in Table 5. The statistics were then utilized to compute a Pearson product-moment correlation coefficient, and an r of .137 was obtained.

The correlation coefficient was tested for significance and the value of $r = .137$ was found to be greater than the .01 level of confidence for a two-tailed test. The null hypothesis was rejected, and a

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[23]E. M. Minium, Statistical Reasoning in Psychology and Education (New York: John Wiley and Sons, 1970), pp. 426-55.

significant degree of positive correlation between attitude toward counseling and time in service was established.

Table 5. Summary Statistics for Attitude Scale Scores and Time in Service Pearson Product-Moment Correlation Coefficient (N = 545)

Variable	Mean	Standard Deviation
Attitude Scale	56.0	8.6
Time in Service (Months)	51.1	67.4

$r = .137$ $p < .01$

Willemsen pointed out that "almost any r can be shown to differ from 0 if N is large enough."[24] When the r was squared it was found that the two variables shared a 1.9 percent of their variance. Such a slight degree of correlation suggested that no practical use of predicting the incidence of one variable based on the other could be made from the obtained correlation coefficient.

Schwartz,[25] Nicholson and others[26] have strongly implied that institutional control over military counseling agencies produced a loss of confidence in counseling on the part of military members. If such were the case one would expect to find a significant inverse correlation

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[24]E. W. Willemsen, Understanding Statistical Reasoning (San Francisco: W. H. Freeman, 1974), p. 73.

[25]M. N. Schwartz, "Military Psychiatry--Theory and Practice in Noncombat Areas: The Role Conflicts of the Psychiatrist," Comprehensive Psychiatry, 12, No. 6 (Nov., 1961), 520.

[26]P. T. Nicholson, S. M. Mirin, and A. F. Schatzberg, "Ineffective Military Personnel, II. An Ethical Dilemma for Psychiatry," Archives of General Psychiatry, 30 (March, 1974), p. 409.

between Attitude Scale scores and time in service. The findings did not support such a conclusion. The low correlation suggested that the two variables shared a small but positive degree of variance, and it did not indicate that personnel with greater time in service possessed less favorable attitudes toward counseling than personnel with shorter time in service.

Time in service was found to be skewed, ranging from 1 to 295 months with a mean of 51.1 and a median of 24. Approximately 49 percent of the subjects had spent 20 months or less in the Air Force while the remaining 51 percent were evenly distributed between 21 and 295 months.

2. No significant difference exists between the attitudes toward counseling of Air Force personnel in people oriented occupations and Air Force personnel in technically oriented occupations.

Subjects were asked to describe their Air Force job as "work primarily with people" or "work primarily with machines or equipment." Individuals who checked the first job description were considered to be personnel in people oriented occupations and those who made the latter choice were considered to be in technically oriented occupations. Mean Attitude Scale scores were determined for each of the two groups and tested against the null hypothesis of no significant difference.

The summary of a one-way analysis of variance for the data is shown in Table 6. The obtained F ratio of 4.42 (df = 1 and 515, $p < .05$) indicated that those personnel in people oriented occupations possessed more favorable attitudes toward counseling than those persons in technically oriented occupations.

The determinations of "people" or "technically" oriented occupations were made by the individual subjects, and 28 persons disqualified themselves from the comparison by marking both or neither of the two job descriptions. Marginal comments like "I work with both" were frequently written by those who failed to make a choice. Such resistance to the generalized occupational classifications suggested that for some individuals the choice of job descriptions reflected a personal philosophy toward work rather than an objective evaluation of the job.

Table 6. Summary of One-Way Analysis of Variance of Attitude Scale Scores between Occupational Groups

Group	Number	Mean
People Oriented	245	56.92
Technically Oriented	272	55.36

Source	df	SS	MS	F	p
Between	1	311.49	311.49	4.42	$<.05$
Within	515	36303.00	70.49		
Total	516	36614.50			

The tendency of Air Force personnel to change occupations, particularly from technically oriented to people oriented, after a few years in the Air Force may have affected the reported findings. Most individuals entering the Air Force are tested for job aptitudes and placed in fields which seem appropriate to their abilities. They may later move out of their earlier jobs into other occupations through cross-training or rank progression. Virtually all noncommissioned

officers in the grade of Master Sergeant and above, and all commissioned officers in the grade of Major and above, described their occupations as people oriented. Enlisted personnel in the grades of Sergeant and below were more heavily weighted in the technically oriented occupations. Thus the possibility existed that Air Force organizational structure influenced the job descriptions more heavily than occupational aptitude for subjects who were beyond their first few years in the service.

3. Fifty percent of Air Force personnel are willing to seek professional counseling for (a) marital problems, (b) personality problems, (c) career problems, (d) problems with alcohol, and (e) problems with military stress.

The subjects were presented five hypothetical problems, each problem representative of one catagory in the hypothesis above, and asked to indicate "the person or persons with whom you would talk about your problems." Anyone who checked mental health counselor, chaplain, or social actions counselor was considered willing to seek professional counseling.

Obtained subject responses were utilized in a chi-square test for each category of problems against the statistically probable response that fifty percent of the subjects would be willing to seek professional counseling. Because only two groups were involved in each chi-square test, those who were willing to seek counseling and those who were not, the Yates' correction for one degree of freedom was applied. The test results are reported in Table 7.

The $\underline{X}^2$ exceeded the .05 level of significance with reference to each of the problems, and the null hypothesis was rejected in each case. Personnel indicated a very strong willingness to seek professional counseling for marital problems, and a strong reluctance to discuss career problems with a counselor. The lower $\underline{X}^2$ values obtained for problems regarding personality, alcohol, and military stress suggested more modest variations from the expected responses. Fewer than the expected fifty percent of the subjects would seek help for concerns of personality and military stress, and more than the expected number would consult a counselor for drinking problems.

Table 7. Results of Chi-Square Tests of Expected and Obtained Responses of Personnel Willing to Seek Professional Counseling for Personal Problems (N = 545)

Type of Problem	Expected Responses		Obtained Responses		$\underline{X}^2$
	Number	Percent	Number	Percent	
Marital	272.5	50	378	69.4	81.691*
Personality	272.5	50	237	43.5	9.251*
Career	272.5	50	172	31.6	73.394*
Alcohol	272.5	50	301	55.2	5.754**
Military Stress	272.5	50	246	45.1	4.962**

*$\underline{p} < .005$ **$\underline{p} < .05$

The findings regarding willingness of Air Force personnel to see professional counselors ran counter to the expectations of this writer and to the results of other studies of attitudes toward counseling. The criticisms and possible inhibitory factors of military counseling have

already been discussed, and studies like those of Betz, Tallon, and Mattison and Starkey cited in which 25 percent or less of the students sampled were willing to consult a counselor for personal problems. The present study focused on specific problems whereas the research projects in educational institutions distinguished primarily between general "personal" and "educational" concerns. Nevertheless, willingness of Air Force personnel to utilize counseling services for personal problems was higher than that of high school and college students to such an extent that the difference must be considered important. The problem area found by this study to have the lowest degree of counseling willingness, 31 percent, was higher than the highest level of counseling willingness expressed by students. The strong resistance to counseling found in educational research appeared to be absent from the sample of military subjects.

4. No significant correlation exists between attitudes of Air Force personnel toward counseling and willingness of Air Force personnel to seek professional counseling for personal problems.

The means and standard deviations of Attitude Scale scores and Counseling Willingness Scale scores are shown in Table 8. A Pearson product-moment correlation coefficient of .269 ($p < .01$) was obtained and a positive relationship indicated between attitudes toward counseling and willingness to seek professional counseling for personal problems on the part of Air Force personnel.

Because the extent of correlation between the variables was slight, the findings of educational research that students with positive attitudes toward counseling were nevertheless unwilling to see a

counselor were neither supported nor refuted. The determination that a small but significant degree of positive correlation existed between the variables ruled out the possibility of an inverse relationship.

Table 8. Summary Statistics for Attitude Scale Scores and Counseling Willingness Scale Scores Pearson Product-Moment Correlation Coefficient (N = 545)

Variable	Mean	Standard Deviation
Attitude Scale	56.0	8.6
Counseling Willingness Scale	3.2	2.6

$r = .269$ $p < .01$

RESEARCH QUESTIONS

1. Does a significant relationship exist between military rank and attitude-counseling willingness?

Subjects were divided into six groups according to military rank as reported in Table 4, and a one-way analysis of variance conducted utilizing subgroup scores and means of both Attitude Scale scores and Counseling Willingness Scale scores. The results are reported in Tables 9 and 10.

The obtained F ratio of 4.85 ($df = 5$ and 539, $p < .01$) from the analysis of variance of the dependent variable, attitude toward counseling, and the independent variable, military rank, pointed out that differences existed among the groups.

Examination of the subgroup means showed that Groups 1, 2, 3, and 5 had comparable means, and that Groups 4 and 6 had substantially higher means. Thus Groups 4 and 6 reflected a more favorable attitude

toward counseling than the other four groups. Group 4 obtained the highest mean on all subscales of the Attitude Scale while Group 6 obtained the second highest mean on all subscales except "preference to solve own problems." Performance on the various measures of attitude was highly consistent by Groups 4 and 6.

Table 9. Summary of One-Way Analysis of Variance of Attitude Scale Scores among Military Rank Groups

Group	Number	Mean
1	176	56.64
2	199	54.83
3	90	56.11
4	21	63.38
5	51	55.09
6	8	61.25

Source	df	SS	MS	F	p
Between	5	1709.13	341.83	4.85	<.01
Within	539	38008.76	70.52		
Total	544	39717.89			

Group 4 was composed of senior noncommissioned officers and Group 6 consisted of the highest ranking commissioned officers, with the noncommissioned officers demonstrating slightly more favorable attitudes toward counseling than commissioned officers. These subjects held management positions in the Air Force. Ninety percent of the members of Groups 4 and 6 described their jobs as people oriented in contrast to

the remaining groups who reported 42 percent in people oriented occupations. Consequently the management of people in the Air Force could be related to a consistently more favorable attitude toward counseling.

The reader is reminded that Groups 4 and 6 were the smallest in number of the six military rank groupings. Table 4 demonstrates that a small number was to be expected due to the rank distribution of the base population.

Table 10. Summary of One-Way Analysis of Variance of Counseling Willingness Scale Scores among Military Rank Groups

Group	Number	Mean
1	176	3.40
2	199	3.23
3	90	2.67
4	21	3.14
5	51	3.78
6	8	3.12

Source	df	SS	MS	F	p
Between	5	48.55	9.71	1.48	>.05
Within	539	3541.99	6.57		
Total	544	3590.54			

The F ratio for the analysis of variance performed on Counseling Willingness Scale scores among military rank groups was not significant at the .05 level. Rank did not have a significant relationship with the willingness of Air Force personnel to discuss personal problems. Groups

4 and 5 did not vary significantly from the other group means of the Counseling Willingness Scale scores, suggesting that although senior noncommissioned and commissioned officers held more favorable attitudes toward counseling they were no more willing to see professional counselors for personal problems than other Air Force personnel.

2. What are the types of problems for which career and noncareer Air Force members express willingness to seek professional counseling?

Subjects were presented five hypothetical problems typical of broad areas of concern often presented in military counseling. Anyone who expressed an intention of discussing the problem with a mental health counselor, chaplain, or social actions counselor was considered willing to seek professional counseling. Positive responses were tabulated and reported for career personnel, noncareer personnel, and for the total sample. Career personnel were those Air Force members with more than 48 months in the service, and noncareer personnel were individuals with four years or less in the Air Force. Results are expressed in percentage form in Table 11.

Air Force personnel expressed a higher degree of willingness to see a professional counselor for marital problems than any other type of concern. Total responses were 14.2 percent higher for marital than the next highest problem area. When subgroups were formed according to occupational nature, military rank, and career status, marital problems received the highest number of positive responses of counseling willingness in every instance. It was the only problem area in which career personnel expressed greater willingness to seek professional counseling than noncareer personnel. More people indicated they would

see a counselor than would discuss the matter with a friend or family member.

The second highest degree of willingness to see a professional counselor was in the area of alcohol abuse. Greater concern was indicated among commissioned officers and senior noncommissioned officers than among other rank groups, although fifty percent or more of all groups were willing to see a counselor. Approximately 43 percent of the subjects indicated that they would see a medical doctor for drinking problems.

Table 11. Percentage of Subjects Expressing Willingness to Seek Professional Counseling for Personal Problems

Type of Problem	Career Personnel N = 166	Noncareer Personnel N = 379	Total N = 545
Marital	72.3	68.1	69.4
Personality	31.9	48.6	43.5
Career	24.1	34.8	31.6
Alcohol	52.4	56.5	55.2
Military Stress	31.9	50.9	45.1

Personnel expressed their greatest reluctance to see a professional counselor in the area of career problems. Slightly less than one-third of the subjects indicated that they would seek counseling for difficulty in job performance, and almost seventy percent stated that they would discuss it with the commander. All rank and career status groupings indicated a strong willingness to discuss career problems with the commander. Noncareer personnel and subjects in the grade of Airman First Class or below were much more willing to see a counselor than

career and higher ranking personnel. Only 16 percent of Group 3, Staff Sergeants and Technical Sergeants, were willing to consult a counselor, a substantially lower response than that of any other group. Further investigation of this unusual occurrence might prove worthwhile.

Slightly less than half the total sample indicated that they would see a professional counselor for personality problems and military stress, but subgroups of the total sample showed wide variation in levels of counseling willingness. Sixteen percent more noncareer than career personnel would see a counselor for such problems. Fifty-five percent of Airmen and Airmen First Class, and sixty percent of Captains and Lieutenants, would utilize professional counseling for personality problems. Approximately fifty percent of enlisted personnel would see a counselor for military stress in contrast to a 25 to 35 percent range of positive responses expressed by officers. It appeared that a greater degree of willingness to seek professional counseling for personality difficulties and adjustment to military life existed among new members of the Air Force, enlisted and officers, than among personnel who had been in the military for a longer period of time.

3. What are the preferences for counseling help expressed by Air Force members?

Subjects were provided with seven possible choices of help for each hypothetical problem--mental health counselor, chaplain, social actions counselor, commander, medical doctor, friend, and family member. Each respondent was asked to indicate those persons with whom he would discuss each problem if the problem were his, and subjects were free to name all or none of the possible counseling sources. Responses for

each source of help are reported in Table 12 in percentage form.

The expressions of subject willingness to discuss problems indicated primary and secondary preferences for counseling help with each problem. The chaplain was preferred by a wide margin for counseling involving marital problems, and the personal sources of friend and family member were secondary preferences. Forty percent of the subjects would discuss personality problems with friends, and thirty percent would consult a chaplain. The commander was greatly preferred for counseling help when career problems were involved, although a small number of subjects would consult a chaplain. The commander was also the preferred source of help with military stress, while chaplains, social actions counselors, and friends were secondary sources. More than forty percent of the personnel indicated they would consult a medical doctor for problems with alcohol, suggesting a strong inclination to see excessive drinking as a medical matter. The three professional counseling agencies were equally preferred as important secondary sources for help with alcohol abuse.

A surprising aspect of the study was the minor role of friend and family member as preferred sources of counseling help. Four studies are cited in the review of literature which compiled a rank order of preference for help with personal problems, and friend was ranked first or second in each study while parent was placed first or second in three of the studies. Air Force personnel indicated a greater willingness to discuss personal problems with commanders and professional counselors in all categories of problems except personality difficulties, and even then the combined responses of personnel willing to see a professional counselor exceeded the responses of those who would seek help from

Table 12. Percentage of Subjects Willing to Discuss Problems with Various Sources of Counseling Help

Type of Problem	Professional Counselors			Professional Sources		Personal Sources	
	Mental Health	Chaplain	Social Actions	Commander	Medical Doctor	Friend	Family Member
Marital	4.4	64.6	5.0	4.4	4.0	22.8	21.7
Personality	12.3	29.5	13.0	2.8	2.0	40.0	16.3
Career	4.0	20.0	12.1	66.9	.9	13.8	9.4
Alcohol	21.3	23.1	20.6	6.1	43.3	15.6	13.6
Military Stress	6.1	22.4	22.4	51.4	1.8	19.3	8.4

friends. The reader is reminded that approximately fifty percent of the sample subjects had been in the Air Force for two years or less, placing them within the age range of most college students. The findings that a greater proportion of Air Force personnel preferred counselors and other professional sources of help rather than personal sources when dealing with personal problems strongly suggested the presence of different variables affecting counseling willingness in the military and school settings.

The chaplain was the most consistently preferred counselor among the professional counseling agencies of the Air Force. A greater number of the subjects indicated willingness to consult a chaplain for all problems other than military stress, and the same proportion of the sample would consult chaplains and social actions counselors for that problem. Drinking problems and military stress were viewed as the problem areas most appropriate to social actions, although slightly more than ten percent of the sample would utilize social actions counselors for help with personality and career problems. Air Force personnel were much more reluctant to seek counseling help from the Mental Health Clinic than other professional counseling agencies. Alcohol and personality concerns drew the strongest responses of willingness to see mental health counselors, while relatively few persons would consult them for the remaining types of problems.

DISCUSSION

Attitudes toward counseling and willingness to seek professional counseling for personal problems appeared to be two different entities which had some common relationship but varied greatly under the influence

of independent variables. More favorable attitudes occurred with higher military rank and position of authority, whereas counseling willingness did not vary significantly among rank groupings. Noncareer personnel were found more willing to seek counseling than career personnel. The measuring instrument utilized in the present study was capable of determining only the crudest form of relationship, but the author feels that a more refined instrument which takes into account such variables as personality differences and attitudes toward the military would uncover a more significant relationship between attitudes toward counseling and counseling willingness than was found in the present study.

Indications of counseling willingness were substantially higher among military personnel than high school and college students. The highest degree of counseling willingness was found among new members of the Air Force and thus the chronological equivalent of most college populations. Causes of this phenomenon were not apparent in the findings, but the minor role played by friends and family members as sources of help with personal problems suggested a possible reason. The lack of familiar social support systems in the military environment could lead to greater dependence by subjects on the highly visible psychological support systems offered by military counseling agencies. This reason would also account for the high degree of counseling willingness expressed by new members of the Air Force who are still in the process of adapting to the military environment.

The hesitancy of Air Force personnel to seek counseling help from the Mental Health Clinic could be viewed as support for the charges of institutional control over military psychiatry which were noted in the

review of literature. Apparently the reluctance to utilize services of mental health counselors did not extend to the use of other military counseling agencies. Further study in the area of attitudes of Air Force personnel toward specific counseling agencies could provide helpful clarification of the present finding regarding willingness of subjects to seek counseling help from the Mental Health Clinic.

Chapter 5

SUMMARY AND CONCLUSIONS

This study was concerned with attitudes of Air Force personnel toward counseling and willingness of Air Force personnel to seek professional counseling for personal problems. Results of the study will be discussed in this chapter under the headings of (1) summary, (2) conclusions, and (3) implications.

SUMMARY

Attitudes toward counseling and counseling willingness were measured and tested for significant relationships with the variables of length of service, technical and nontechnical occupations, military rank, career status, and counseling agency preferences. The measuring instrument was a locally developed questionnaire consisting of three parts--Biographical Data, Attitude Scale, and Counseling Willingness Scale. The subjects were 545 Air Force personnel assigned to Minot Air Force Base, North Dakota.

Significant findings were as follows:

1. A positive correlation ($r = .137$, $p < .01$) was found between attitudes of Air Force personnel toward counseling and time in service.

2. A difference was observed between attitudes toward counseling of Air Force personnel in people oriented and Air Force personnel in technically oriented occupations.

3. Some 69.4 percent of Air Force personnel were willing to seek professional counseling for marital problems, 55.2 percent for problems with alcohol, 45.1 percent for problems with military stress, 43.5 percent for personality problems, and 31.6 percent for career difficulties.

4. A significant correlation ($r = .269$, $p < .01$) existed between attitudes of Air Force personnel toward counseling and willingness of Air Force personnel to seek professional counseling for personal problems.

5. A significant relationship existed between military rank and attitudes toward counseling. Senior commissioned and noncommissioned officers held more favorable attitudes toward counseling than other personnel.

6. A significant relationship did not exist between military rank and counseling willingness.

7. Career and noncareer personnel expressed strong willingness to utilize professional counseling for marital problems and moderate willingness to seek counseling help for alcohol problems. Noncareer personnel expressed a substantially greater willingness than career personnel to see a professional counselor for problems related to personality, career, and military stress.

8. Air Force personnel expressed primary preferences for help from the chaplain when dealing with marital problems, help from friends when dealing with personality problems, help from commanders when dealing with career and military stress problems, and help from the medical doctor when dealing with alcohol problems.

CONCLUSIONS

Conclusions are drawn separately in regard to attitudes toward counseling and counseling willingness. They are reported below under the headings of (1) attitudes toward counseling, (2) counseling willingness, and (3) relationship between attitudes toward counseling and counseling willingness.

Attitudes toward Counseling

1. Attitudes toward counseling and time in service did not have a practically significant degree of correlation. The obtained r between the two variables was statistically significant, but it did not allow reliable prediction of one variable from the other. The correlation did establish, contrary to expectation, that a positive relationship between the two variables existed.

2. Personnel in people oriented occupations held slightly more favorable attitudes toward counseling than personnel in technically oriented occupations.

3. A significant relationship existed between attitudes toward counseling and military rank. Officers in the grades of Major and Lieutenant Colonel and noncommissioned officers in the grades of Master Sergeant, Senior Master Sergeant, and Chief Master Sergeant obtained higher Attitude Scale and subscale mean scores than other Air Force personnel. Significant Attitude Scale and subscale mean variations did not occur for other groupings of military rank.

Counseling Willingness

1. A highly significant degree of willingness to participate

in professional counseling for marital problems was indicated by Air Force personnel. More than 69 percent of all personnel would consult a counselor for marital problems. A $\underline{X}^2$ beyond the .005 level of significance was found when obtained and expected results were compared.

2. A significantly high degree of willingness to participate in professional counseling for alcohol problems was found when obtained responses were compared with expected responses.

3. Significantly low degrees of counseling willingness for problems related to personality, career, and military stress were indicated by military personnel when obtained counseling willingness responses were compared with expected responses.

4. A significant relationship existed between willingness to seek professional counseling for personal problems and military career status. Noncareer personnel expressed a generally higher degree of willingness to seek professional counseling for problems than career personnel. Career personnel expressed willingness to seek professional counseling for marital and alcohol problems equivalent to that of noncareer personnel, however.

5. Air Force personnel prefer to seek counseling help from professional rather than personal sources. Counseling willingness responses indicated that subjects preferred to discuss military-related concerns with the commander, alcohol abuse with a medical doctor, and marital concerns with a chaplain. Professional counselors were important secondary sources of help. Except for marital and personality problems, personal sources of help were not strongly preferred by the subjects.

6. The chaplain and social actions counselors were preferred by Air Force personnel to mental health counselors for help with

personal problems. The chaplain was the most consistently preferred professional military counselor.

Relationship between Attitudes toward Counseling and Counseling Willingness

A small, positive relationship (r = .269) existed between attitudes toward counseling and counseling willingness as measured by the present study. Similar positive correlations were obtained between Counseling Willingness Scale scores and the scores of the five Attitude Scale subtests. Military rank shared a significant relationship with attitudes toward counseling but not with counseling willingness. Career status appeared to share a relationship with counseling willingness.

IMPLICATIONS

The substantially higher degree of counseling willingness found among military personnel when compared to students suggested the existence of several important and different environmental variables in the two settings. The lower preference of military personnel for personal sources of counseling help is one possible reason for the finding. Research utilizing control groups of military and nonmilitary personnel could be productive at this point. If the implication that help from military agencies replaces the support of family and friends for many Air Force personnel were confirmed, military counselors might wish to vary their present counseling approaches and techniques. Measuring devices designed to reveal the psychological support system of the individual client might also prove useful.

The extremely high degree of counseling willingness with regard to marital problems suggested that they constitute the most important

area of personal concern for military personnel. The strong preference for the chaplain as a source of help with marital problems also appeared significant, but attempts to explain the finding without further research would be highly speculative. Military counselors should study carefully the marriage patterns of the military environment, and specialized training in the area of marriage counseling, especially among chaplains, seems warranted.

The criticisms that military psychiatry was controlled by institutional concerns, and that such control would lead to a skepticism toward counseling services offered by Air Force Mental Health Clinics, may be true. Personnel indicated great hesitation to take personal problems to mental health counselors. The lack of such reluctance regarding other counseling agencies suggested that factors other than institutional control might be responsible for attitudes toward mental health services. Unfamiliarity with the Mental Health Clinic or identification of the counselors with medical personnel and physical illness could also account for the finding.

The indication that attitudes toward counseling had a significant relationship with military rank, and that counseling willingness shared a significant relationship with career status, has several important implications. More favorable attitudes without greater degrees of willingness to utilize counseling on the part of military personnel in management positions suggested that counseling may be viewed as a helpful management tool by senior officers and noncommissioned officers. Greater willingness for counseling by noncareer personnel could be indicative of fewer personal inhibitions, less concern for job threat, or less maturity on the part of newer members

of the Air Force. More exact understanding of the relationship between attitude-counseling willingness and positions within the Air Force could lead to more effective referral procedures, less stereotyping of military counselors and counseling services, and generally more effective counseling within the Air Force.

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Appendix A

ATTITUDE SUBSCALE ITEMS WITH ITEM ANALYSIS T-VALUES

Confidence in Counseling

1. I would seek counseling if I had a problem I couldn't solve myself. (t = 2.36)
2. A stranger couldn't really understand my problems. (t = 3.205)
3. Counseling confuses people who are trying to solve their problems. (t = 3.789)
4. It helps to talk about a problem. (t = 2.865)
5. Counseling helps a person to understand himself better. (t = 2.616)

Confidence in Counselors

1. Counselors treat people as individuals rather than numbers. (t = 2.398)
2. Counselors lack the training they need to help people solve their problems. (t = 4.63)
3. Counselors are experienced at helping people find solutions to difficult problems. (t = 3.125)
4. Counselors don't care about the people who come to see them. (t = 3.427)
5. Counselors are not very sympathetic people. (t = 3.274)

Preference to Solve Own Problems

1. People who seek counseling can't cope with problems. (t = 4.248)
2. Anyone who can't solve his own problems is weak. (t = 3.994)
3. Someone with a problem should ask for help. (t = 3.362)

Stigma of Counseling

1. Counseling is more likely to help a military career than to hurt it. (t = 3.386)

2. People who go to see counselors get labeled as "oddballs." (t = 3.360)

3. People who seek counseling gain the respect of others. (t = 4.31)

Trust in Counselors

1. Anything a person says to a counselor can be used against him later. (t = 3.861)

2. The relationship between a counselor and counselee is confidential. (t = 3.861)

3. Counselors do not release information given to them in counseling. (t = 4.018)

4. I would be afraid to give a counselor confidential information about myself. (t = 2.929)

Appendix B

COUNSELING OPINION SURVEY

How long have you been in the Air Force? _____ Years _____ Months

How would you describe your Air Force job? (Check One)
Work primarily with people _____
Work primarily with machines or equipment _____

What is your military rank? _____

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH EACH STATEMENT BELOW BY CIRCLING THE APPROPRIATE LETTER(S): SA = STRONGLY AGREE, A = AGREE, U = UNDECIDED, D = DISAGREE, SD = STRONGLY DISAGREE.

1. I would seek counseling if I had a problem I couldn't solve myself.

   SA A U D SD

2. A stranger couldn't really understand my problems.

   SA A U D SD

3. People who seek counseling can't cope with problems.

   SA A U D SD

4. Counseling is more likely to help a military career than to hurt it.

   SA A U D SD

5. Counselors treat people as individuals rather than numbers.

   SA A U D SD

6. Counselors lack the training they need to help people solve their problems.

   SA A U D SD

7. People who go to see counselors get labeled as "oddballs."

SA A U D SD

8. Anyone who can't solve his own problems is weak.

SA A U D SD

9. Anything a person says to a counselor can be used against him later.

SA A U D SD

10. The relationship between a counselor and counselee is confidential.

SA A U D SD

11. Counseling confuses people who are trying to solve their problems.

SA A U D SD

12. Counselors are experienced at helping people find solutions to difficult problems.

SA A U D SD

13. Counselors don't care about the people who come to them.

SA A U D SD

14. Counselors do not release information given to them in counseling.

SA A U D SD

15. I would be afraid to give a counselor confidential information about myself.

SA A U D SD

16. It helps to talk about a problem.

SA A U D SD

17. People who seek counseling gain the respect of others.

SA A U D SD

18. Counseling helps a person to understand himself better.

SA A U D SD

19. Counselors are not very sympathetic people.

SA A U D SD

20. Someone with a problem should ask for help.

SA A U D SD

CHECK THE PERSON OR PERSONS WITH WHOM YOU WOULD TALK ABOUT YOUR PROBLEMS IF THE SITUATIONS DESCRIBED BELOW APPLIED TO YOU.

You are married and for the last few months you have been arguing more frequently with your spouse. You have reached the point that you are unsure of your desire to continue the marriage.

( ) Friend ( ) Mental Health Counselor ( ) Commander ( ) Chaplain
( ) Family Member ( ) Social Actions Counselor ( ) Medical Doctor

You want to succeed in your military career, but you are unhappy with your job. There is little chance for a job change in the near future. You are discouraged and depressed.

( ) Friend ( ) Mental Health Counselor ( ) Commander ( ) Chaplain
( ) Family Member ( ) Social Actions Counselor ( ) Medical Doctor

Several people who seemed very friendly when you first met them have begun to avoid you, and you are beginning to wonder if you are capable of forming lasting friendships.

( ) Friend ( ) Mental Health Counselor ( ) Commander ( ) Chaplain
( ) Family Member ( ) Social Actions Counselor ( ) Medical Doctor

You drink socially and you have recently noticed that your alcohol consumption has drastically increased. In spite of an attempt to cut back on drinking, you are making no progress.

( ) Friend ( ) Mental Health Counselor ( ) Commander ( ) Chaplain
( ) Family Member ( ) Social Actions Counselor ( ) Medical Doctor

A number of military requirements and regulations seem unreasonable to you. When you think about them you become very upset and depressed.

( ) Friend ( ) Mental Health Counselor ( ) Commander ( ) Chaplain
( ) Family Member ( ) Social Actions Counselor ( ) Medical Doctor